

Senate Study Bill 1199 - Introduced

SENATE/HOUSE FILE _____
BY (PROPOSED MENTAL HEALTH
AND DISABILITY SERVICES
REDESIGN FISCAL VIABILITY
STUDY COMMITTEE BILL)

A BILL FOR

1 An Act relating to human services involving mental health
2 and disability services and children's services, making
3 appropriations, and including effective dates.
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

DIVISION I

SYSTEM REDESIGN — IMPLEMENTATION

COMMUNITY CORRECTIONS SYSTEM ACCESS TO REGIONAL SERVICES

Section 1. Section 331.395, Code 2013, is amended by adding the following new subsection:

NEW SUBSECTION. 5. If adequate funding is provided through a state appropriation made for purposes of paying for services authorized pursuant to this subsection, a person with an income within the level specified in subsection 1 who is housed by or supervised by a judicial district department of correctional services established under chapter 905 shall be deemed to have met the income and resource eligibility requirements for services under the regional service system.

ELIGIBILITY MAINTENANCE

Sec. 2. Section 331.396, subsection 1, Code 2013, is amended by adding the following new paragraph:

NEW PARAGRAPH. 0d. Notwithstanding paragraphs "a" through "c", the person is an adult or child who received mental health services from a county in accordance with the county's service management plan approved under section 331.439, Code 2013.

Sec. 3. Section 331.396, subsection 2, Code 2013, is amended by adding the following new paragraph:

NEW PARAGRAPH. 0d. Notwithstanding paragraphs "a" through "c", the person is an adult or child who received intellectual disability services from a county in accordance with the county's service management plan approved in accordance with section 331.439, Code 2013.

Sec. 4. Section 331.397, subsection 2, paragraph b, Code 2013, is amended to read as follows:

b. Until funding is designated for other service populations, eligibility for the service domains listed in this section shall be limited to such persons who are in need of mental health or intellectual disability services. However, if a county in a region was providing services to an individual child or to an individual adult person with a developmental

1 disability other than intellectual disability or a brain injury
2 prior to formation of the region, the individual child or adult
3 person shall remain eligible for the services provided when the
4 region is formed, provided that funds are available to continue
5 such services.

6 STATE PAYMENTS TO REGION

7 Sec. 5. Section 426B.3, subsection 4, as enacted by 2012
8 Iowa Acts, chapter 1120, section 137, is amended to read as
9 follows:

10 4. a. For the fiscal years beginning July 1, 2013, and
11 July 1, 2014, a county with a county population expenditure
12 target amount that exceeds the amount of the county's base year
13 expenditures for mental health and disabilities services shall
14 receive an equalization payment for the difference.

15 b. The equalization payments determined in accordance
16 with this subsection shall be made by the department of human
17 services for each fiscal year as provided in appropriations
18 made from the property tax relief fund for this purpose. If
19 the county is part of a region that has been approved by the
20 department in accordance with section 331.389, to commence
21 partial or full operations, the county's equalization payment
22 shall be remitted to the region for expenditure as approved by
23 the region's governing board.

24 STRATEGIC PLAN REQUIREMENT FOR FY 2013-2014

25 Sec. 6. 2012 Iowa Acts, chapter 1128, section 8, is amended
26 to read as follows:

27 SEC. 8. COUNTY MENTAL HEALTH, ~~MENTAL RETARDATION~~
28 INTELLECTUAL DISABILITY, AND DEVELOPMENTAL DISABILITIES
29 SERVICES MANAGEMENT PLAN — STRATEGIC PLAN. Notwithstanding
30 section 331.439, subsection 1, paragraph "b", subparagraph (3),
31 counties are not required to submit a three-year strategic
32 plan by April 1, 2012, to the department of human services. A
33 county's strategic plan in effect as of the effective date of
34 this section shall remain in effect until the regional service
35 system management plan for the region to which the county

1 belongs is approved in accordance with section 331.393, subject
2 to modification before that date as necessary to conform with
3 statutory changes affecting the plan and any amendments to the
4 plan that are adopted in accordance with law.

5 TRANSITION FUND — SERVICES MAINTENANCE

6 Sec. 7. TRANSITION FUND — SERVICES MAINTENANCE. A county
7 receiving an allocation of funding from the mental health and
8 disability services redesign transition fund created in 2012
9 Iowa Acts, chapter 1120, section 23, shall utilize the funding
10 provided as necessary to avoid eliminating or reducing the
11 services provided to an individual child or other individual
12 person receiving services in accordance with the county's
13 approved service management plan in effect as of June 30, 2012,
14 provided the child or other person continues to comply with the
15 eligibility requirements applicable under the plan as of that
16 date.

17 REDESIGN EQUALIZATION PAYMENT APPROPRIATION

18 Sec. 8. MENTAL HEALTH AND DISABILITY SERVICES —
19 EQUALIZATION PAYMENTS TRANSFER AND APPROPRIATION.

20 1. There is transferred from the general fund of the
21 state to the department of human services for the fiscal year
22 beginning July 1, 2013, and ending June 30, 2014, the following
23 amount, or so much thereof as is necessary, to be used for the
24 purposes designated:

25 For deposit in the property tax relief fund created in
26 section 426B.1, for distribution as provided in this section:
27 \$ 29,820,478

28 2. The moneys credited to the property tax relief fund in
29 accordance with this section are appropriated to the department
30 of human services for distribution of equalization payments for
31 counties in the amounts specified in section 426B.3, subsection
32 4, as enacted by 2012 Iowa Acts, chapter 1120, section 137,
33 for the fiscal year beginning July 1, 2013. If the county is
34 part of a region that has been approved by the department in
35 accordance with section 331.389, to commence partial or full

1 operations, the county's equalization payment shall be remitted
2 to the region for expenditure as approved by the region's
3 governing board. The payments shall be remitted on or before
4 July 15, 2013.

5 SUBSTANCE-RELATED DISORDER DETOXIFICATION

6 Sec. 9. MENTAL HEALTH AND DISABILITY SERVICES POLICY
7 REVIEWS. The mental health and disability services commission
8 shall review options for the mental health and disability
9 services regions to coordinate substance-related disorder
10 funding for detoxification and other such disorder funding in
11 place of county coordination. The commission shall report to
12 the governor and general assembly its findings, options, and
13 recommendations on or before October 15, 2013.

14 MEDICAID OBLIGATION COST SETTLEMENT

15 Sec. 10. COUNTY MEDICAL ASSISTANCE NONFEDERAL SHARE —
16 COST SETTLEMENT. Any county obligation for payment to the
17 department of human services of the nonfederal share of the
18 cost of services provided under the medical assistance program
19 prior to July 1, 2012, pursuant to sections 249A.12 and
20 249A.26, shall remain at the amount agreed upon as of June 30,
21 2013. Beginning July 1, 2013, other than a county payment on
22 the obligation, the department shall be responsible for any
23 adjustment that would otherwise be applied to the amount of the
24 county obligation after that date due to cost settlement of
25 charges or other reasons.

26 CONTINUATION OF STATE PAYMENT PROGRAM FUNDING

27 Sec. 11. STATE PAYMENT PROGRAM — FY 2013-2014. Unless
28 otherwise provided by law, state payment program moneys
29 appropriated for the fiscal year beginning July 1, 2013, to pay
30 the costs of non-Medicaid mental health and disability services
31 provided by counties to persons without a county of legal
32 settlement considered in the previous fiscal year to be a state
33 case shall continue to be remitted to the county of residence
34 paying for the services. If the county of residence is part of
35 a region that has been approved by the department in accordance

1 with section 331.389, to commence partial or full operations,
2 the state payment program moneys shall be remitted to the
3 region for expenditure as approved by the region's governing
4 board.

5 Sec. 12. EFFECTIVE UPON ENACTMENT. This division of this
6 Act, being deemed of immediate importance, takes effect upon
7 enactment.

8 DIVISION II

9 DATA AND STATISTICAL INFORMATION AND OUTCOME AND PERFORMANCE
10 MEASURES

11 Sec. 13. Section 225C.4, subsection 1, paragraph j, Code
12 2013, is amended to read as follows:

13 j. Establish and maintain a data collection and management
14 information system oriented to the needs of patients,
15 providers, the department, and other programs or facilities in
16 accordance with section 225C.6A. The system shall be used to
17 identify, collect, and analyze service outcome and performance
18 measures data in order to assess the effects of the services on
19 the persons utilizing the services. The administrator shall
20 annually submit to the commission information collected by the
21 department indicating the changes and trends in the disability
22 services system. The administrator shall make the outcome data
23 available to the public.

24 Sec. 14. Section 225C.6A, Code 2013, is amended to read as
25 follows:

26 **225C.6A Disability services system ~~redesign~~ central data**
27 **repository.**

28 1. The ~~commission~~ department shall do the following
29 relating to ~~redesign of~~ data concerning the disability services
30 system in the state:

31 ~~1. Identify sources of revenue to support statewide~~
32 ~~delivery of core disability services to eligible disability~~
33 ~~populations.~~

34 ~~2. Ensure there is a continuous improvement process for~~
35 ~~development and maintenance of the disability services system~~

1 ~~for adults and children. The process shall include but is not~~
2 ~~limited to data collection and reporting provisions.~~

3 ~~3.~~ a. Plan, collect, and analyze data as necessary to
4 issue cost estimates for serving additional populations and
5 providing core disability services statewide. The department
6 shall maintain compliance with applicable federal and state
7 privacy laws to ensure the confidentiality and integrity of
8 individually identifiable disability services data. The
9 department ~~shall regularly~~ may periodically assess the status
10 of the compliance in order to assure that data security is
11 protected.

12 ~~b.~~ In implementing Implement a system central data
13 repository under this ~~subsection~~ section for collecting and
14 analyzing state, county and region, and private contractor
15 data, ~~the.~~ The department shall establish a client identifier
16 for the individuals receiving services. ~~The client identifier~~
17 ~~shall be used in lieu of the individual's name or social~~
18 ~~security number. The client identifier shall consist of the~~
19 ~~last four digits of an individual's social security number,~~
20 ~~the first three letters of the individual's last name, the~~
21 ~~individual's date of birth, and the individual's gender in an~~
22 ~~order determined by the department.~~

23 c. Consult on an ongoing basis with regional administrators,
24 service providers, and other stakeholders in implementing the
25 central data repository and operations of the repository. The
26 consultation shall focus on minimizing the state and local
27 costs associated with operating the repository.

28 d. Engage with other state and local government and
29 nongovernmental entities operating the Iowa health information
30 network under chapter 135 and other data systems that maintain
31 information relating to individuals with information in the
32 central data repository in order to integrate data concerning
33 individuals.

34 ~~e.~~ 2. A county or region shall not be required to utilize a
35 uniform data operational or transactional system. However, the

1 system utilized shall have the capacity to exchange information
2 with the department, counties and regions, contractors, and
3 others involved with services to persons with a disability
4 who have authorized access to the central data repository.
5 The information exchanged shall be labeled consistently
6 and share the same definitions. Each ~~county~~ regional
7 administrator shall regularly report to the department annually
8 ~~on or before December 1, for the preceding fiscal year the~~
9 ~~following information for each individual served: demographic~~
10 ~~information, expenditure data, and data concerning the services~~
11 ~~and other support provided to each individual, as specified~~
12 ~~in administrative rule adopted by the commission by the~~
13 department.

14 ~~4. Work with county representatives and other qualified~~
15 ~~persons to develop an implementation plan for replacing the~~
16 ~~county of legal settlement approach to determining service~~
17 ~~system funding responsibilities with an approach based upon~~
18 ~~residency. The plan shall address a statewide standard for~~
19 ~~proof of residency, outline a plan for establishing a data~~
20 ~~system for identifying residency of eligible individuals,~~
21 ~~address residency issues for individuals who began residing in~~
22 ~~a county due to a court order or criminal sentence or to obtain~~
23 ~~services in that county, recommend an approach for contesting~~
24 ~~a residency determination, and address other implementation~~
25 ~~issues.~~

26 3. The outcome and performance measures applied to the
27 regional disability services system shall utilize measurement
28 domains. The department may identify other measurement domains
29 in consultation with system stakeholders to be utilized in
30 addition to the following initial set of measurement domains:

- 31 a. Access to services.
32 b. Life in the community.
33 c. Person-centeredness.
34 d. Health and wellness.
35 e. Quality of life and safety.

1 f. Family and natural supports.

2 4. a. The processes used for collecting outcome and
3 performance measures data shall include but are not limited
4 to direct surveys of the individuals and families receiving
5 services and the providers of the services. The department
6 shall involve a workgroup of persons who are knowledgeable
7 about both the regional service system and survey techniques
8 to implement and maintain the processes. The workgroup shall
9 conduct an ongoing evaluation for the purpose of eliminating
10 the collection of information that is not utilized. The
11 surveys shall be conducted with a conflict-free approach in
12 which someone other than a provider of services surveys an
13 individual receiving the services.

14 b. The outcome and performance measures data shall encompass
15 and provide a means to evaluate both the regional services and
16 the services funded by the medical assistance program provided
17 to the same service populations.

18 c. The department shall develop and implement an
19 internet-based approach with graphical display of information
20 to provide outcome and performance measures data to the public
21 and those engaged with the regional service system.

22 d. The department shall include any significant costs for
23 collecting and interpreting outcome and performance measures
24 and other data in the department's operating budget.

25 Sec. 15. REPEAL. The amendment to section 225C.4,
26 subsection 1, paragraph j, in 2012 Iowa Acts, chapter 1120,
27 section 2, is repealed.

28 Sec. 16. REPEAL. The amendments to section 225C.6A, in 2012
29 Iowa Acts, chapter 1120, sections 6, 7, and 95, are repealed.

30 DIVISION III

31 CHILDREN'S CABINET

32 Sec. 17. NEW SECTION. 242.1 Findings.

33 The general assembly finds there is a need for a state-level
34 children's cabinet to provide guidance, oversight, problem
35 solving, long-term strategy development, and collaboration

1 among the state and local efforts to build a comprehensive,
2 coordinated system to promote the well-being of the children
3 in this state and to address the needs of children for mental
4 health treatment and other specialized services.

5 Sec. 18. NEW SECTION. **242.2 Children's cabinet established.**

6 There is established within the department of human services
7 a children's cabinet.

8 1. The voting members of the children's cabinet shall
9 consist of the following:

10 *a.* The director of the department of education or the
11 director's designee.

12 *b.* The director of the department of human services or the
13 director's designee. This member shall be chairperson of the
14 cabinet.

15 *c.* The director of the department of public health or the
16 director's designee.

17 *d.* A parent of a child with a severe emotional disturbance
18 or a disability who is the primary caregiver for that child,
19 appointed by the governor.

20 *e.* A juvenile court judge or juvenile court officer
21 appointed by the chief justice of the supreme court.

22 *f.* A community-based provider of child welfare, health,
23 or juvenile justice services to children, appointed by the
24 director of human services.

25 *g.* A member of the early childhood Iowa state board,
26 appointed by the state board.

27 *h.* A community stakeholder who is not affiliated with a
28 provider of services, appointed by the governor.

29 *i.* Not more than three other members designated by
30 the cabinet chairperson to ensure adequate representation
31 of the persons and interests who may be affected by the
32 recommendations made by the cabinet.

33 2. In addition to the voting members, there shall be four ex
34 officio, nonvoting members of the children's cabinet. These
35 members shall be two state representatives, one appointed by

1 the speaker of the house of representatives and one by the
2 minority leader of the house of representatives, and two state
3 senators, one appointed by the majority leader of the senate
4 and one by the minority leader of the senate.

5 3. *a.* The voting members, other than department directors
6 and their designees, shall be appointed for four-year terms.

7 The terms of such members begin on May 1 in the year of
8 appointment and expire on April 30 in the year of expiration.

9 *b.* Vacancies shall be filled in the same manner as original
10 appointments. A vacancy shall be filled for the unexpired
11 term.

12 *c.* The voting members shall receive actual and necessary
13 expenses incurred in the performance of their duties and
14 legislative members shall be compensated as provided in section
15 2.32A.

16 4. Staffing services for the children's cabinet shall be
17 provided by the department of human services.

18 Sec. 19. NEW SECTION. **242.3 Duties.**

19 The children's cabinet shall perform the following duties to
20 address the needs of children and families in this state:

21 1. Develop operating provisions for health homes for
22 children implemented by the department of human services. The
23 provisions shall include but are not limited to all of the
24 following:

25 *a.* Identification of quality expectations.

26 *b.* Identification of performance criteria.

27 *c.* Provisions for monitoring the implementation of
28 specialized health homes.

29 2. Gather information and improve the understanding of
30 policymakers and the public of how the various service systems
31 intended to meet the needs of children and families operate at
32 the local level.

33 3. Address areas of overlap, gaps, and conflict between
34 service systems.

35 4. Support the evolution of service systems in implementing

1 new services and enhancing existing services to address the
2 needs of children and families through process improvement
3 methodologies.

4 5. Assist policymakers and service system users in
5 understanding and effectively managing system costs.

6 6. Ensure services offered are evidence-based.

7 7. Issue guidelines to enable the services and other support
8 which is provided by or under the control of state entities and
9 delivered at the local level to have sufficient flexibility to
10 engage local resources and meet unique needs of children and
11 families.

12 8. Integrate efforts of policymakers and service providers
13 to improve the well-being of community members in addition to
14 children and families.

15 9. Implement strategies so that the children and families
16 engaged with the service systems avoid the need for higher
17 level services and other support.

18 10. Oversee the practices utilized by accountable care
19 organizations and other care management entities operating on
20 behalf of the state in the provision of government supported
21 children's services and systems of care.

22 11. Submit a report annually by December 15 to the governor,
23 general assembly, and supreme court providing findings and
24 recommendations and issue other reports as deemed necessary by
25 the cabinet.

26 Sec. 20. INITIAL TERMS. Notwithstanding section 242.2,
27 subsection 3, paragraph "a", as enacted by this division of
28 this Act, the appointing authorities for the members of the
29 children's cabinet created by this division of this Act who are
30 subject to terms of service shall be coordinated so that the
31 initial terms of approximately half of such members are two
32 years and the remainder are for four years and remain staggered
33 thereafter.

34 EXPLANATION

35 This bill relates to mental health and disability services

1 (MH/DS) administered by counties and the regions being formed
2 by counties to provide adult MH/DS that are not covered by the
3 medical assistance (Medicaid) program, children's services, and
4 makes appropriations. The bill relates to recommendations made
5 to the mental health and disability services redesign fiscal
6 viability study committee by various committees and workgroups
7 created or continued by the MH/DS redesign legislation enacted
8 in 2012 Iowa Acts, chapter 1120 (SF 2315) and chapter 1133 (SF
9 2336). The bill is organized into divisions according to the
10 committee or workgroup that made the recommendations.

11 SYSTEM REDESIGN IMPLEMENTATION. The transition committee
12 was created by the department of human services (DHS) pursuant
13 to SF 2315, section 22, consisting of "appropriate stakeholders
14 with whom to consult on the transition from the current mental
15 health and disability services system to the regional service
16 system".

17 Code section 331.395, relating to financial eligibility
18 requirements for the regional service system, is amended to
19 provide eligibility for the regional service system for persons
20 who meet income requirements and are housed by or supervised by
21 community-based correctional services, if a state appropriation
22 is made to cover the service costs.

23 Code section 331.396, relating to diagnosis and functional
24 assessment requirements for eligibility for the regional
25 service system, is amended to provide that a child or adult
26 person who received mental health or intellectual disability
27 services under an approved county management plan, remains
28 eligible under the regional system regardless of the financial
29 eligibility requirements, adult age requirement, and diagnosis
30 requirements for the regional system. The person's eligibility
31 for individualized services is subject to determination in
32 accordance with a functional assessment.

33 Code section 331.397, relating to the requirements
34 for regional core services, is amended to provide that
35 an individual child or individual adult person with a

1 developmental disability or a brain injury who was receiving
2 services prior to formation of a region remains eligible for
3 the services after formation of the region, subject to the
4 availability of funding.

5 Code section 426B.3, as amended by SF 2315, relates to
6 eligibility for equalization payments from the state in fiscal
7 years 2013-2014 and 2014-2015 for those counties with a base
8 year levy which is less than a target amount computed by
9 multiplying the county's general population times a statewide
10 per capita expenditure target amount of \$47.28. The bill
11 provides that if the county is part of a region approved by
12 DHS to commence partial or full operations, the county's
13 equalization payment is remitted to the region for expenditure
14 as approved by the region's governing board.

15 Under Code section 331.439, counties are required to submit
16 a three-year strategic plan for MH/DS and the latest plan was
17 due by April 1, 2012. In accordance with 2012 Iowa Acts,
18 chapter 1128, the strategic plan submission was not required
19 and the existing strategic plan remained in effect. The bill
20 provides that a county's strategic plan remains in effect,
21 unless modified pursuant to statute or amended by the county,
22 until it is replaced by approval of the regional service system
23 management plan for the region to which the county belongs.

24 If a county receives an allocation of funding from the mental
25 health and disability services redesign transition fund created
26 in SF 2315, the county is required to utilize the funding
27 provided as necessary to avoid eliminating or reducing the
28 services provided to an individual child or other individual
29 person receiving services in accordance with the county's
30 approved service management plan in effect as of June 30, 2012,
31 provided the child or other person continues to comply with the
32 eligibility requirements applicable under the plan as of that
33 date.

34 A transfer of approximately \$30 million is made from
35 the general fund of the state to DHS to be credited to the

1 property tax relief fund and is appropriated for DHS to make
2 equalization payments to eligible counties for FY 2013-2014.

3 The MH/DS commission is required to review options for the
4 MH/DS regions to coordinate substance-related disorder funding
5 for detoxification and other such disorder funding in place of
6 county coordination. The commission is required to report to
7 the governor and general assembly its findings, options, and
8 recommendations on or before October 15, 2013.

9 Any county obligation for payment to DHS of the nonfederal
10 share of the cost of services provided under the Medicaid
11 program prior to July 1, 2012, is required to remain at the
12 amount agreed upon as of June 30, 2013. Beginning July 1,
13 2013, other than a county payment on the obligation, DHS is
14 responsible for any adjustment that would otherwise be applied
15 to the amount of the county obligation after that date due to
16 cost settlement of charges or other reasons.

17 Unless otherwise provided by law, state payment program
18 moneys appropriated to DHS for FY 2013-2014, to pay the costs
19 of non-Medicaid mental health and disability services provided
20 by counties to persons without a county of legal settlement
21 considered in the previous fiscal year to be a state case,
22 shall continue to be remitted to the county of residence paying
23 for the services. If the county of residence is part of a
24 region that has been approved by DHS to commence partial or
25 full operations, the state payment program moneys shall be
26 remitted to the region for expenditure as approved by the
27 region's governing board.

28 This division takes effect upon enactment.

29 DATA AND STATISTICAL INFORMATION AND OUTCOME AND PERFORMANCE
30 MEASURES. This division relates to recommendations submitted
31 by the data and statistical information integration workgroup
32 and the outcomes and performance measures committee.

33 Current law is amended in Code section 225C.4, relating
34 to the duties of the DHS MH/DS division administrator, and
35 in Code section 225C.6A, relating to disability services

1 system redesign, to delineate requirements pertaining to
2 MH/DS state collection and management information systems
3 and outcome and performance data. These Code provisions
4 were previously amended by SF 2315. The bill incorporates
5 the SF 2315 amendments and adds new language and repeals
6 the SF 2315 amendments that would otherwise take effect on
7 July 1, 2013. For Code section 225C.4, the bill references
8 in the administrator's duties the specific new requirements
9 established by the bill in Code section 225C.6A. The new
10 requirements pertain to DHS implementation of a central data
11 repository, information exchange capacity, regular reporting
12 of individual information, data security, consultation with
13 regional staff, providers, and other stakeholders, engaging
14 with other data systems, outcome and performance measure
15 domains, use of surveys, evaluation of both regional and
16 Medicaid services, provision of data to the public via an
17 internet-based approach with graphical information, and
18 inclusion of significant costs associated with the data and
19 measures in the DHS budget.

20 CHILDREN'S CABINET. This division relates to the
21 recommendations submitted by the children's disability
22 workgroup to create a children's cabinet.

23 New Code section 242.1 lists legislative findings as to the
24 need for the children's cabinet. The needs identified are
25 to provide guidance, oversight, problem solving, long-term
26 strategy development, and collaboration among the state and
27 local efforts to build a comprehensive, coordinated system to
28 promote the well-being of the children in this state and to
29 address the needs of children for mental health treatment and
30 other specialized services.

31 New Code section 242.2 provides for appointment of members
32 to the children's cabinet. The director of the department of
33 human services (DHS) or the director's designee is to be the
34 chairperson of the cabinet and appoint up to three additional
35 members to the cabinet, and DHS is required to staff the

1 cabinet. Various state agencies are identified for membership
2 along with community stakeholders. Four members of the
3 general assembly are required to be appointed to serve in an
4 ex officio, nonvoting capacity.

5 New Code section 242.3 delineates the duties of the
6 children's cabinet, including the development of operating
7 provisions for health homes for children and the practices
8 utilized by other aspects of the service systems for children.
9 The children's cabinet is required to report annually by
10 December 15 to the governor, general assembly, and supreme
11 court providing findings and recommendations and issue other
12 reports as deemed necessary by the cabinet.

13 A temporary provision provides for appointment of
14 approximately half of the initial voting members of the
15 children's cabinet other than department heads to two-year
16 terms in order to stagger the terms.